MULTIPLE DEPENDE CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
3		2		/			53							
4				/			54							
5				/			55							
6				/			56							
7				/			57							
8				/			58							
9				)			59							
10				/			60							
11				/			61							
12				/			62							
13				/			63							
14				/			64							
15				/			65							
16				/			66							
17				\			67							
18							68							
19							69							
20							70							
21				/			71							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.				20			TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

Charitta A. Burt

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